Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

| _ | | | | LICACI | ibed by Secretary | y OL i | SIANC 3 | 103 | | | | | | | |
|---|---|--|------------|-------------------|-------------------|--------|----------|---------------------------------------|--|--------------|------------|-------------------|------------|--|--|
| Full Name of Committee | | | | | | | | Regist | Registration Number, if PAC | | | | | | |
| Franklin County Libertarian Party - Restricted Fund | | | | | | | | | | | | | | | |
| Full Name of Candidate | | | | | | | | | | | | | | | |
| Street Address | | | | <u></u> | | | | Office Sought | ······································ | ~ | | Distric | x t | | |
| 1305 Island Bay Dr | | | | | | | | | | | | | | | |
| Crity Columbus | | | | | | | | <u> </u> | State | | | Zip Code 43235 | | | |
| Columbus | | | | | | | | Ol | | 1 | | 43233 | | | |
| Type of Report (place X to the left of report type) | Pre-Primary | | | Post-Primary | | 1 | Щ | Pre-General | | Post-C | eneral | Ŀ | 2008 | | |
| | | July Monthly | | August Monthly | | | | September Monthly | | Termi | ation | | Semiannual | | |
| Amended Report? TYes | Amended Report? | | | | | ate of | Election | 1 | 4 | | D | Y | | | |
| For candidates only, during an el | | | | | | | | | d post-per | ods at o | ne electro | n, check | box 🗆 | | |
| No other forms are required for a | a post-pr | mary or post-general per | nod, if at | bove stater | nent applies See | RC | 3517 | 10(H) for details | | | | | | | |
| | 1. An | ount brought forward | from las | t report | | | | s | \$ | 0.00 | | | | | |
| | 2. To | 2. Total monetary contributions (From Form No. 31-A) | | | | | | \$ | \$7 | 5.00 | | | | | |
| | 3. To | 3. Total other income (From Form No. 31-A-2) | | | | | | \$ | \$ | 0.00 | | | | | |
| | 4. Total funds available (sum of lines 1, 2, 3) | | | | | | \$ | \$7 | 5.00 | | | | | | |
| | 5. Tot | 5. Total monetary expenditures (From Form No. 31-B) | | | | | | s | \$ | 00 | | | | | |
| | 6. Bal | 6. Balance on hand (line 4 minus line 5) | | | | | | \$ | \$7 | 5 00 | | | | | |
| | 7. Val | 7. Value of m-kind contributions received (From Form No. 31-J-1) | | | | | | \$ | | | | | | | |
| | 8. Value of in-kind contributions made (From Form No. 31-J-2) | | | | | | \$ | | | | | | | | |
| | 9. Outstanding loans owed by committee (From Form No. 31-C) | | | | | | | \$ | | | | | | | |
| | 10. Outstanding debts owed by committee (From Form No. 31-N) | | | | | | | \$ | | ļ | | | | | |
| | 11. Outstanding loans owed to committee (From Form No. 31-K) | | | | | | \$ | | - | _ | | | | | |
| | 12. Value of independent expenditures made (From Form No. 31-U) | | | | | | \$ | | | _ | | | | | |
| | | or Electronic Filing Enti um of lines 2, 7, and am | | | oans received th | is pe | riod. | <u>s</u> | | <u> </u> | | | | | |
| THE INFORMATION CONTA | | | | | HE PENALTY C | JĘ E | LEG | TION FALSIFICATIO | ON. WHO | EVER (| COMMIT | rs elec | TION | | |
| David Howell - Treasurer 01/27/2010 | | | | | | | |) | | | | | | | |
| Print Name and Title (Treasurer a | and Dep | uty Treasurer only) | | Signat | ure | | . • | , , , , , , , , , , , , , , , , , , , | | | Date | ; | | | |
| Contribution 1 pages | | Expenditus page | • | | | | | her 1 ages | | | ſ | Total pages_ | 2 | | |

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Prescribed by Secretary of State 3/05

| Name of Committee in Full Franklin County Libertarian Party - Restricted F | und | | | | | | | | | | |
|--|---------------------------------|---------------------------------------|--------------------------|---------|-----------------------------|----------|--------------------------|--------------------------|--|--|--|
| Name of Donor American National Insurance | | | | | Registration Number, if PAC | | | | | | |
| | | | | 7 9 WW | W W 18 2 | · | | | | | |
| Street Address 3931 Preserve Crossing Blvd W | Form (Cash, Check, etc) check | | | | | | | | | | |
| City Columbus | State OH | Zip Code 43230 | 1 M | 0 | 0 D | 3 0 | ^Y 9 | Amount \$25 00 | | | |
| Name of Donor | Registration Number, if PAC | | | | | | | | | | |
| Exterior Condepts & Design, Inc | | | | | | | | | | | |
| Street Address | | | 1 | | | 1 | Form (Cash, Check, etc.) | | | | |
| 18580 Poling Rd City | State | Zıp Code | M | 3,300 | D | | YI | check Amount | | | |
| Marysville | OH | 43040 | 4 1 | | o i | 3 O | - | \$50 00 | | | |
| Name of Donor | | | | | on Nu | mber, 1 | FPAC | | | | |
| Street Address | | | Form (Cash, Check, etc.) | | | | | | | | |
| | | | A) | | | | | ì | | | |
| City | State OH | Zip Code | M | | D | | Y | Amount | | | |
| Name of Donor | | ··· · | Regi | stratio | on Nu | nber, r | PAC | | | | |
| Street Address | | · · · · · · · · · · · · · · · · · · · | | | | | | Form (Cash, Check, etc.) | | | |
| City | State OH | Zrp Code | М | | D | | Ŷ | Amount | | | |
| Name of Donor | | | Regu | stratio | on Nu | nber, 1 | PAC | | | | |
| Street Address | | | | | Form (Cash, Check, etc.) | | | | | | |
| City | State OH | Zıp Code | М | | D | | Y | Amount | | | |
| Name of Donor | | | Regis | stratic | on Nu | nber, 1 | PAC | | | | |
| Street Address | | | X | | | | Form (Cash, Check, etc.) | | | | |
| City | State OH | Zip Code | M | | D | | Y | Amount | | | |
| Name of Donor | | | Regis | stratic | n Nu | nber, 11 | PAC | | | | |
| Street Address | | | | V. | | | | Form (Cash, Check, etc.) | | | |
| City | State OH | Zıp Code | М | | D | | Y | Amount | | | |
| Name of Donor | Registration Number, if PAC | | | | | | | | | | |
| Street Address | | | | | | 7 | Form (Cash, Check, etc.) | | | | |
| City | State OH | Zıp Code | М | | D | | Y | Amount | | | |